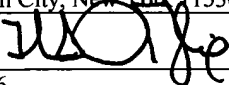


## AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

<b>In re Application of:</b> Richard Weisbart et al.																			
<b>Application No.:</b> 09/966,119		<b>Appeal No.:</b> 2006-2745																	
<b>Filed:</b> September 28, 2001																			
<b>Title:</b> METHOD AND COMPOSITON FOR TREATING IMMUNE-MEDIATED DISEASES																			
<b>Attorney Docket No.:</b> 13589		<b>Art Unit.:</b> 1644	<b>Confirmation No.:</b> 4420																
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 C.F.R. 1.34:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td>Zhuang Yuan</td> <td>57,449</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <div style="text-align: center; margin-top: 20px;">  </div> <p><b>This is not a Power of Attorney to the above-named practitioner.</b> Accordingly, the practitioner named above does <b>not</b> have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>				Name	Registration Number	Zhuang Yuan	57,449												
Name	Registration Number																		
Zhuang Yuan	57,449																		
<b>SIGNATURE of Practitioner of Record</b>																			
<b>Name</b>	Frank S. DiGiglio Scully, Scott, Murphy & Presser 400 Garden City Plaza-STE 300 Garden City, New York 11530																		
<b>Signature</b>		<b>Date</b>	October 16, 2006																
<b>Registration Number</b>	31,346	<b>Telephone</b>	(516) 742-4343																

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP 713.05 for more information. This sample form is not an OMB officially approved form.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*